

**STREET USE APPLICATION**

Event: Team Hailey 5K Run/Walk
Sponsored by: Team Hailey/ALGA Foundation
Responsible Person: Peg Melitz
Address: 1500 Alcar Dr.
Menasha, WI 54952
Phone: 954-5355
Email Address: pmelitz@new.mn.com
Street Route: (Attach Map) see map attached
Description of Use: Team Hailey 5K

Street Use Date: 4/16/11
Start Time: 0800
End Time: 1030
Number of Units: approx. 650-700

Liability Insurance has been secured in the amount of \$ 1,000,000 ea. occurrence with the City of Menasha named as the additional insured. This is primary insurance.
Insurance Company Philadelphia Ins. Co. Policy No. _____
(Attached is a copy of the certificate of insurance).

Date: 11/18/10 Applicant's Signature: Peg Melitz

Permit Fee: Each application for a Street Use Permit shall be accompanied by a fee of Twenty-Five Dollars (\$25.00). Make checks payable to City of Menasha. See highlighted portion of the attached City of Menasha Municipal Code.

Note to events planning to use City Parks and/or greenspace: Any multi-day event or event which plans to sell beer and/or wine to the public must appear before the Parks and Recreation Board.

TO BE COMPLETED BY CITY STAFF (Revised May 2010)

Scheduled Park & Recreation Board Review Date: _____

Not Required: _____ Approved: _____ Denied: _____

Scheduled Common Council Review Date: _____

Approved: _____ Denied: _____

APPROVAL:

Police Dept. RS

Fire Dept. AA

Public Works Dept. MR

City Attorney PC

Team Hailey 5K Run/Walk for a Cure

LITTLE LAKE
BUTTE DES MORTS

N. LAKE ST.

FRIENDSHIP (TRESTLE) TRAIL

MM2

MM1

LOCK ST.

LUSH ST.

FIRST ST.

BROAD ST.

GERMANIA
HALL

WATER ST.

CHUTE ST.

KAUKAUNA ST.

RIVER ST.

FOX RIVER

MAIN ST.

FINISH LINE

IMPORTANT INFORMATION REGARDING THE FRIENDSHIP TRESTLE TRAIL BRIDGE SEGMENT OF THE COURSE:

- The course is laid out as an out and back — orange cones will be in place down the middle of the bridge
- On the bridge — stay to your right (except to pass)
- On the bridge — PASS ONLY ON YOUR LEFT!
- Runners — as you approach walkers or other runners from behind to pass, please call out: "Runner passing on your left!"
- Walkers — please — no more than 2 walkers side by side at all times on the bridge

OTHER IMPORTANT 5K RUN/WALK INFORMATION:

- Traffic Control — The City of Menasha Police will be directing traffic at three intersections on the street part of the course:
 - #1 Main Street/Milwaukee Street
 - #2 Broad Street/Milwaukee Street
 - #3 Broad Street/Toyko Street
- Course Marshals will be stationed at street intersections on the course and on The Friendship Trestle Trail
- Mile markers will be positioned at mile markers 1, 2 and 3.
(MM means mile marker)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Davis Trachtenberg Inc./Solutions for the Nonprofit 15 Garrett Avenue 2nd Floor Rosemont, PA 19010	CONTACT NAME: PHONE (A/C, No, Ext): 484.386.6050 FAX (A/C, No): 484.386.6070 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:														
INSURED PLGA Foundation 98 Random Farms Drive Chappaqua, NY 10514	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Insurance Co.</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Insurance Co.	18058	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER: 2010-2011 Phila

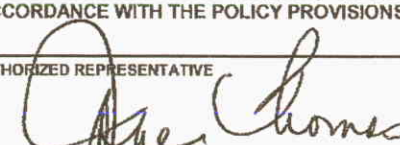
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PHPK560388	05/01/2010	05/01/2011	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			PHPK560388	05/01/2010	05/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$	
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The following are listed as **additional insured** with respect to general liability for claims arising from the negligence of the named insured: **City of Menasha, Wm Town of Menasha, WI, Town of Menasha, WI Park Commission, PLGA Foundation and TEAM Hailey 5K Walk/Run for a Cure.**
 Re: Team Hailey 5K Walk/Run for a Cure on 04/16/2011

CERTIFICATE HOLDER City of Menasha Attn: Pamela Captain 140 Main Street Menasha, WI 54952	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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POLICY CHANGE DOCUMENT

POLICY NO.: PHPK560388

Philadelphia Indemnity Insurance Company	4622	DAVIS-TRACHTENBERG, INC.
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NAMED INSURED PLGA Foundation

MAILING ADDRESS 98 Random Farms Dr
Chappaqua, NY 10514-1015

POLICY PERIOD: FROM 05/01/2010 TO 05/01/2011 at
12:01 A.M. Standard Time at your mailing address shown above.

CHANGE EFFECTIVE 04/16/2011 CHANGE # 1

DESCRIPTION

In consideration of the premium reflected, the policy is amended as indicated below:

Added:

Special Event - Team Hailey 5K Walk/Run
04/16/2011, 8:00am - 11:00am
700 participants

Additional Insured

City of Menasha, WI
Attn: Pamela Captain
140 Main St

Menasha, WI 54952

Form CG2012 Additional Insured-State or Governmental Agency applies

Per attached schedule

Path ID 4928901

Total Annual
Additional/Return Premium \$ 250.00
 ADDITIONAL

Total Prorate
Additional/Return Premium \$ 250.00
 ADDITIONAL

COUNTERSIGNED

(Date)

BY

(Authorized Representative)

Philadelphia Indemnity Insurance Company

Additional Insured Schedule

Policy Number: PHPK560388

Additional Insured

City of Menasha, WI
Attn: Pamela Captain
140 Main St
Menasha, WI 54952-3151

CG2012 - NY - Loc #ALL - SPECIAL EVENTS COVERAGE
With respect only to Team Hailey 5K Walk/Run 4/16/2011 8am-11am

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

City of Menasha, WI

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".